

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000069843

**FILED**  
**Jan 15, 2012**  
**Secretary of State**

**Entity Name:** HEALTH INTEGRATED DYNAMICS LLC

**Current Principal Place of Business:**

20505 E. COUNTRY CLUB DRIVE, SUITE 534  
MIAMI, FL 33180

**New Principal Place of Business:**

1625 NE 110 TERRACE  
MIAMI, FL 33161

**Current Mailing Address:**

20505 E. COUNTRY CLUB DRIVE, SUITE 534  
MIAMI, FL 33180

**New Mailing Address:**

1625 NE 110 TERRACE  
MIAMI, FL 33161

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOMEZ, JOSE M  
20505 E. COUNTRY CLUB DRIVE, SUITE 534  
MIAMI, FL 33180    US

**Name and Address of New Registered Agent:**

GOMEZ, JOSE M  
1625 NE 110 TERRACE  
MIAMI, FL 33161    US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOSE M. GOMEZ

01/15/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GOMEZ, JOSE M  
Address: 1625 NE 110 TERRACE  
City-St-Zip: MIAMI, FL 33161

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOSE M. GOMEZ

MGRM

01/15/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date